

**NHS Blood and Transplant**

**and**

**Manchester University NHS Foundation Trust**

**JOB DESCRIPTION & PERSON SPECIFICATION**

**Post title: Consultant Haematologist with an interest in Therapeutic Apheresis and Haemoglobinopathies**

Based at NHSBT Manchester Royal Infirmary

## **SECTION 1. THE POST**

This is a full-time (10 programmed activities per week) Consultant in Haematology as a member of the NHS Blood & Transplant (NHSBT) cellular, apheresis and gene therapies team and the haematology team at Manchester Royal Infirmary focussing on haemoglobinopathies and red cell exchange. Within NHSBT, the post-holder will focus on medical support to the non-malignant work carried out by Therapeutic Apheresis Service (TAS) team who work flexibly to support patients at Manchester Royal Infirmary, providing cross cover by phone to other sites nationally. They will be a member of a NHSBT consultant team focussed on leadership in red cell exchange with some support for plasma exchange services. This team is part of a broader team in Cellular, Apheresis and Gene Therapies.

The adult haematology service at Manchester Royal Infirmary.

The post is, in broad terms, intended:

### **NHSBT:**

To provide medical leadership and strategic direction to the Therapeutic Apheresis Services provided by NHSBT in Manchester Royal Infirmary.

To organise the teaching and training in therapeutic apheresis at NHSBT to undergraduates and postgraduates in medicine, nursing, midwifery, science and other staff to whom it is relevant.

To support clinical research in therapeutic apheresis.

To contribute to national policies relating to and therapeutic apheresis.

To cooperate with other NHSBT consultants in providing cross cover for leave for each other as required (remote work), to cover TAS duties

## **SECTION 2: PROFILE OF NHS BLOOD AND TRANSPLANT**

NHSBT was established as a Special Health Authority for England and Wales in October 2005 by the merger of UK Transplant (UKT) with the National Blood Authority (NBA). The remit of NHSBT is to provide a reliable efficient supply of stem cells, tissues, blood, and organs and associated services to the NHS.

NHSBT collects around 8,00 blood donations daily to ensure a constant supply to hospitals. Our work also makes ~ 5,500 organ and corneal transplants possible every year. In addition, we retrieve and store other tissues, such as skin and bone, manufacture a range of therapeutic products from plasma, and provide a number of related specialist services, such as diagnostic laboratory services, therapeutic apheresis and cord blood banking. We are responsible for the NHS Organ Donor Register (which has over 13 million names), the NHS Cord Blood Bank, the British Bone Marrow Registry and a Clinical Biotechnology Centre.

NHSBT has multiple sites across England for blood and stem cell collection, manufacturing / processing, therapeutic apheresis, diagnostics (compatibility testing and infectious diseases), research and development (see below).

*NHSBT Senior staff*

|                      |                                                       |
|----------------------|-------------------------------------------------------|
| Peter Wyman          | Chair                                                 |
| Executive Directors: |                                                       |
| Jo Farrar            | Chief Executive Officer                               |
| Wendy Clark          | Deputy Chief Executive Officer                        |
| Gail Miflin          | Chief Medical Officer                                 |
| Carl Vincent         | Finance Director                                      |
| Vacant               | Director of Donor Experience                          |
| Anthony Clarkson     | Director of Organ & Tissue Donation & Transplantation |
| Paul O'Brien         | Director of Blood Supply.                             |
| Deborah McKenzie     | Chief People Officer                                  |
| Rebecca Tinker       | Interim Chief Digital and Information Officer         |
| Helen Gillan         | Director of Quality                                   |
| Gerry Gogarty        | Director of Plasma for Medicines                      |

*Medical Staffing Arrangements in NHSBT*

There are approximately 50 NHSBT Consultants nationally, many as joint appointments with universities or hospitals. NHSBT medical staff work within 3 operational directorates. The roles in this job all lie within the Clinical Services directorate. Consultants are organised in national teams to provide services within areas of specialism including donor medicine, diagnostics, blood components, microbiology, tissue and eye services, stem cell donation and transplantation, cellular and molecular therapies, therapeutic apheresis, and patient blood management.

NHSBT has four Medical Directors (MDs):

MD Organ & Tissue Donation and Transplantation (OTDT): Prof Derek Manas

MD Transfusion: Prof Lise Escourt

MD Pathology: Prof David Roberts

MD CAGT: Dr James Griffin

The post holder will report to the Medical Director for CAGT, Dr James Griffin and hence to the Chief Medical Officer, Dr Gail Miflin. Dr Miflin will be the Responsible Officer.

*Directorate of Clinical Services (CAGT, Pathology and Patient Blood Management)*

Cell, Apheresis and Gene Therapies (CAGT) are provided by NHSBT via the Cellular and Molecular Therapies (CMT), Stem Cell Donation and Transplantation (SCDT) and Therapeutic Apheresis Services (TAS) teams within the Clinical Services directorate.

CMT encompasses the NHSBT stem cell laboratories located in Barnsley, Liverpool, Birmingham, Bristol, Oxford and Southampton and the Clinical Biotechnology Centre in Bristol. This combination of facilities and staff enables ATMP production.

SCDT support is provided via the NHS Stem Cell Donor Registry (SCDR) and the NHS Cord Blood Bank (CBB) which are based at NHSBT Filton in Bristol, which also has accredited facilities for stem cell processing.

TAS provides apheresis-based services, as well as counselling and assessment for stem cell donors to Trusts and Bone Marrow Registries. NHSBT has a long history of providing lifesaving and life-enhancing therapeutic apheresis services within the NHS. TAS provides over 12000 treatments for patients each year with access to a portfolio of therapies across a range of clinical specialties using technology that exchanges, removes, or collects certain components within the blood.

TAS is delivered from eight units, based within NHS Trusts, and which operate an outpatient model for non-acute patient procedures. Delivering services from within an acute setting enables TAS to offer a peripatetic outreach model for paediatrics and acutely unwell patients. Units are based in the following NHS Trusts:

The Christie NHS Foundation Trust.  
University Hospitals Bristol & Weston NHS Foundation Trust  
Oxford University Hospitals NHS Foundation Trust  
Sheffield Teaching Hospitals NHS Foundation Trust  
Leeds Teaching Hospitals NHS Trust  
Royal Liverpool and Broadgreen University Hospitals NHS Trust.  
Great Ormond Street Hospital for Children NHS Foundation Trust  
Sandwell and West Birmingham Hospitals NHS Trust

Each unit operates as a regional service provider as part of a national infrastructure. This has established a scale (for what are low volume activities for individual hospitals) that enables NHSBT to offer a robust, responsive and comprehensive portfolio of high quality and cost-effective services for the NHS. The strategic aim is for TAS to become the preferred provider and supplier of choice for therapeutic apheresis services in the NHS.

*Cell, Apheresis and Gene Therapy Medical Staff*

The current team focussed on cell and gene therapies;

Dr James Griffin (Medical Director) - Bristol  
Dr Maria Cuadrado Collados - Kings' College Hospital  
Dr Khaled El-Ghariani – Sheffield and Barnsley  
Dr Kirsty Sharplin - Oxford

Dr Katja Kimberger – Leeds & Birmingham  
Vacant, Birmingham  
Dr Valarmathi Anandhan - The Christie  
Dr Ulrike Paulus - NHSCBB  
Dr Suhail Asghar - Bristol  
Dr Julia Peck, Clinical Research Fellow, Bristol  
Zareen Godburdhun, Research Fellow, Birmingham  
Dr Rachel Pawson – Partial retirement, working on special projects

In view of the broad range of therapeutic apheresis services additional medical support is provided by the following medical staff with a background in non-malignant haematology:

Dr Vickie MacDonald, London  
New starter – East of England & Birmingham  
Dr Terese Callaghan – Partial retirement, Liverpool

From the perspective of NHSBT, work in NHS Trusts is essential to provide the Consultants with experience for their work in national audit, clinical research, education, guideline development, and leading better practice initiatives in their regions, and nationally.

#### *Research within NHSBT*

NHSBT runs a national programme of research, in four major research centres (Oxford, Cambridge, Bristol and Colindale) with additional immunotherapy research in Birmingham, and tissues research and development in Speke, Liverpool. At all sites, research is embedded into our partner University. In addition, there is infrastructure for clinical studies and randomised trials: a systematic reviews group (Oxford), a Clinical Trials Unit (Cambridge /Oxford /Bristol) and separate GMP production facilities for cellular products (multiple sites); therapeutic antibodies/vectors for gene therapy (Bristol); and tissues (Liverpool).

#### *Clinical Research*

NHSBT has strategic objectives related to blood, organs, tissues, cellular, apheresis and gene therapies linked to National Institute for Health Research (NIHR) Blood and Transplant Research Units (BTRUs) the elements of research support include:-  
The Systematic Reviews Initiative (SRI) based in Oxford for the development of the evidence base for safe clinical transfusion practice and the effective use of blood components by carrying out systematic reviews of the transfusion medicine literature, assessing its strength and weaknesses, and identifying the need for new clinical trials. A further emphasis for the SRI is the dissemination of its output within NHSBT and, more widely, to the UK health services and international readers. The SRI section of the Joint Professional Advisory Committee for the UK Blood Transfusion Services (JPAC) website ([www.transfusionguidelines.org.uk](http://www.transfusionguidelines.org.uk)) was launched in March 2005 to improve access to citations for systematic reviews. A database is being developed to present references for the randomised controlled trials (RCTs) identified by systematic reviews and handsearching of transfusion medicine literature.

The Stem Cell Evidence Library is curated by the SRI team on behalf of NHSBT and the other three UK transfusion services: <http://www.stemcellevidence.com/>

The Clinical Trials Unit: The unit has supported the production of high quality research in solid organ transplantation and blood transfusion backed up by a very experienced team of statisticians. <https://www.nhsbt.nhs.uk/clinical-trials-unit/>

The current NIHR BTRU in Precision Cellular Therapeutics [was awarded to Prof R Chakraverty, University of Oxford in collaboration with University of Birmingham and began in April 2022.](#)

NHSBT supports several other programs of clinical research in the field of cellular therapies. Examples include

The manufacture and clinical assessment of cultured red cells: <https://www.nhsbt.nhs.uk/research-and-development/current-research/btrus/manufacture-and-clinical-assessment-of-cultured-red-cells/>.

Research into the stem cell niche: <https://www.nhsbt.nhs.uk/research-and-development/current-research/research-programmes/haematopoietic-stem-cell-niche/>

The REALIST study of mesenchymal stromal cells in patients with COVID-19 and acute respiratory distress syndrome (ARDS) <https://clinicaltrials.gov/ct2/show/NCT03042143>.

#### *Organisation of research*

Research across NHSBT is managed by the Chief Medical Officer (Dr Gail Miflin), with ultimate accountability to the NHSBT Board through the Research and Development (R&D) committee.

The R&D committee is responsible for the overall direction and strategy of NHSBT research, and reports through its chair to the NHSBT Board. There are three international members, who provide independence. The R&D committee meets twice each year to receive reports on on-going research and to allocate funding. Research monies are allocated to Principal Investigators on a rolling basis, subject to satisfactory progress and 5-yearly site visits.

## SECTION 3: PROFILE OF Manchester University NHS FOUNDATION TRUST

### The Post:

This post has arisen as a result of expansion in the haemoglobinopathy service including the ED bypass unit, the haemoglobinopathy co-ordinating centre status and the forthcoming plans for gene therapy.

The post holder will work as part of the haemoglobinopathy team and will work closely with the other members of the haemoglobinopathy team

### Organisational Structure

For organisational purposes, the department sits within the Inpatient Medical Specialties CSU. There is a separate Paediatric Haematology service based at the Royal Manchester Children's Hospital with regular transition clinics.

The key departmental leads are: -

- Dr Fiona Dignan Clinical Lead
- Mr Chris George Deputy Unit Manager
- Sr Stephanie Myers Matron, Haematology
- Sr Andrea Blake Matron Haematology

There are regular consultant and departmental meetings held for the open discussion of issues affecting Clinical Haematology and to plan for development of services. The budget holder for clinical haematology is Mr Chris George.

### The Department of Clinical Haematology

The Department of Clinical Haematology provides a regional tertiary referral service for haematological malignancy, stem cell transplantation, thrombosis & haemostasis and haemoglobinopathies. In addition, it provides general clinical haematology services for the local population of Central Manchester.

This service is provided by ten consultants with an interest in malignant haematology, four consultants with an interest in Thrombosis and Haemostasis, four consultants with an interest in Haemoglobinopathy, one Consultant with an interest in Blood Transfusion and two consultants with an interest in diagnostic work. Two consultants with an interest in general and malignant haematology are based at Trafford General Hospital with one working cross-site between Manchester Royal Infirmary and Trafford General. Two consultants with an interest in general and malignant haematology are based at North Manchester General Hospital. Although there is a high level of sub-specialisation within the department, the unit is nevertheless very cohesive and collaborates closely on all levels.

### Consultant Haematologists Team –

| Consultant        | Specialism                                                                                                                                                                                                           |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dr Fiona Dignan   | Consultant Haematologist / Clinical Lead for Haematology.<br>Special interest: Chronic Myeloid Leukaemia, acute leukaemia, stem cell transplantation, Graft-versus-Host disease, and Late effects of transplantation |
| Dr Eleni Tholouli | Consultant Haematologist / Transplant Programme Director.<br>Special interest: Acute Leukaemia and stem cell transplant/CAR-T therapy                                                                                |

|                                |                                                                                                                                              |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dr Jane Norman</b>          | <b>Consultant Haematologist<br/>Lead for Lymphoma and lymphoproliferative disease</b>                                                        |
| <b>Dr Lourdes Rubio</b>        | <b>Consultant Haematologist with an interest in lymphoma</b>                                                                                 |
| <b>Dr Johnny Elliott</b>       | <b>Consultant Haematologist with an interest in lymphoma</b>                                                                                 |
| <b>Dr Sarah Burns</b>          | <b>Consultant Haematologist with an interest in general haematology and CLL</b>                                                              |
| <b>Dr Rachel Brown</b>         | <b>Consultant Haematologist (Trafford General Hospital and MRI) with an interest in general haematology and myeloproliferative disorders</b> |
| <b>Dr Philip Crea</b>          | <b>Consultant Haematologist with a special interest in Myeloma</b>                                                                           |
| <b>Dr Jenna Fielding</b>       | <b>Consultant Haematologist with a special interest in Myeloma</b>                                                                           |
| <b>Dr Farhan Anjum</b>         | <b>Consultant Haematologist with a special interest in stem cell transplantation.</b>                                                        |
| <b>Dr Rahuman Salim</b>        | <b>Consultant Haematologist with a special interest in stem cell transplantation.</b>                                                        |
| <b>Professor Charles Hay</b>   | <b>Consultant Haematologist with a special interest in Haemostasis and Thrombosis and Chair of UKHCDO</b>                                    |
| <b>Dr Mike Nash</b>            | <b>Consultant Haematologist with a special interest in Haemostasis and Thrombosis. Anticoagulation lead</b>                                  |
| <b>Professor Jecko Thachil</b> | <b>Consultant Haematologist with a special interest in Haemostasis and Thrombosis</b>                                                        |
| <b>Dr Martin Scott</b>         | <b>Consultant Haematologist with a special interest in haemostasis and Thrombosis</b>                                                        |
| <b>Dr Joe Sharif</b>           | <b>Consultant Haematologist with an interest in haemoglobinopathy</b>                                                                        |
| <b>Dr Nandini Sadasivam</b>    | <b>Consultant Haematologist with an interest in haemoglobinopathy</b>                                                                        |
| <b>Dr Sara El Hag</b>          | <b>Consultant Haematologist with an interest in haemoglobinopathy</b>                                                                        |
| <b>Dr Stephen Boyd</b>         | <b>Consultant Haematologist with an interest in haemoglobinopathy</b>                                                                        |
| <b>Dr Dilani Wijesinghe</b>    | <b>Consultant Haematologist with an interest in haemato-oncology and general haematology (Trafford General Hospital)</b>                     |
| <b>Dr Shehana Wijethilleke</b> | <b>Consultant Haematologist with an interest in haemato-oncology and general haematology (North Manchester General Hospital)</b>             |
| <b>Dr John Burthem</b>         | <b>Consultant Haematologist with an interest in Laboratory Haematology</b>                                                                   |
| <b>Dr Luke Carter</b>          | <b>Consultant Haematologist with an interest in Laboratory Haematology and general Haematology</b>                                           |
| <b>Dr Simon Watt</b>           | <b>Consultant Haematologist (Wythenshawe)</b>                                                                                                |
| <b>Dr Shiva Natarajan</b>      | <b>Consultant Haematologist (Wythenshawe)</b>                                                                                                |
| <b>Dr Sumaya Elhanash</b>      | <b>Consultant Haematologist (Wythenshawe)</b>                                                                                                |
| <b>Elizabeth Davies</b>        | <b>Consultant Pharmacist</b>                                                                                                                 |

There is a robust and expanding supporting infrastructure in Clinical Haematology at Manchester Royal Infirmary. Staff supporting the service include:

### **Junior Medical Staff**

- 1 Specialty doctor (based at Trafford General Hospital)
- 6 Specialist Trainees (ST3-7) in Haematology (NW rotation)
- 2 BMT/CAR-T Fellows
- 6 Clinical Fellows
- 1 Research fellow
- 2 Specialist Trainees (ST1-2)

### **Specialist Nurses**

- 4.0 WTE Advanced Nurse Practitioners
- 3.8 WTE Macmillan Specialist Cancer Nurse
- 3.0 WTE Bone Marrow Transplant Nurse Specialists
- 3.5 WTE Bone Marrow Transplant Coordinators
- 1.8 WTE CART Nurse Specialists
- 3.7 WTE Haemophilia Nurse Specialists
- 3.2 WTE Anticoagulant Nurse Specialists
- 1.0 WTE Pre Habilitation Nurse Specialist (Anthony Nolan post)
- 2.0 WTE Haemoglobinopathy Nurse Specialist
- 1.0 WTE Haematology Specialist Nurse at Trafford General Hospital
- 1.0 WTE Haematology Specialist Nurse at North Manchester General Hospital
- 5.0 WTE Transfusion Specialist Nurses

### **Other Staff**

- 4 haematology pharmacists
- Clinical Quality Manager (JACIE, MDT Cancer Standards, Haemoglobinopathy)
- Data manager
- Psychotherapist
- 3 Dieticians
- 1 Physiotherapist
- Occupational therapist
- Social worker
- Psychologist

### **Research and Clinical Trials Staff (Oncology)**

Trust / Commercial / Grant funded:

- 1.0 WTE Research Manager
- 1.0 WTE CNS in Research
- 2.0 WTE Clinical Research Nurses
- 0.6 WTE Research Practitioner
- 2.7WTE Senior Clinical Trials Administrators

There is a full administrative support team managed by an Operational Manager. Internet access will be provided, as will access to a PC. There is no requirement for additional out-patient staff to support this role. The post holder will be provided with appropriate office space. There are 4 WTE medical secretaries currently working in the department.

### **Haemoglobinopathy Service**

Manchester University Foundation Trust (MFT) is the Haemoglobinopathy Coordinating Centre (HCC) for Sickle Cell Disease for the North-West of England – covering 3 Specialist

Hospital Team providers: Manchester, Liverpool and Alder Hey Children's and the HCC for Thalassaemia and Rare Inherited Anaemias for the North of England – covering Manchester, Liverpool, Newcastle, Sheffield, and Leeds.

The HCC covers both adult and paediatric services. It is widely understood that, due to the demographics of patients affected by haemoglobinopathies, this service is underdeveloped and stigmatised due to lack of awareness. The HCC supports collaborative regional working to reduce morbidity and mortality ensuring care for haemoglobinopathy patients is of high quality and equal across the region. This work is driven by the HCC Network with joint participation and clinical leadership from MRI and Royal Manchester Children's Hospital.

The HCC works as an administrative function to coordinate regional Haemoglobinopathy care and education. The HCC provides several functions, some of which are mentioned as follows: 24/7 specialist support and advice on conditions such as transfusion reactions; severe or recurrent painful vaso-occlusive episodes; sickle acute chest syndrome and aplastic crisis etc, advice and referral for stem cell transplant, novel and curative therapies, development of regional pathways (e.g pain & transfusion) and production of a training and development plan for all healthcare staff in the region.

The adult service at Manchester Royal Infirmary is a designated Specialist Haemoglobinopathy Team for patients with haemoglobinopathies and other rare inherited anaemias seeing all the patients in NW England (except Liverpool and Merseyside). There are approximately 500 adult patients with sickle cell disorders, 120 with thalassaemia major and intermedia syndromes and 30 with rare inherited anaemias. These numbers are increasing with transfer of patients from paediatric service and there is also a large transient student population. All patients are seen at least annually in clinic and there are linked care arrangements for patients residing outside Greater Manchester. Around 30 patients are on regular transfusion programmes. Red cell apheresis is provided for sickle cell patients (approx 30 patients) on the haematology Day Unit. Specialist imaging for cardiac and liver iron assessment is also available. All patients are entered onto the national haemoglobinopathy register (NHR).

The department works closely with the paediatric service and the adult team attends a monthly transition clinic, seeing patients from 14yrs of age through transition (approx. 6-10/year). A Joint Paediatric and Adult MDT and clinic is held online once a month. Clinics are held weekly for sickle cell disorders (approx. 10-15 patients/clinic) and twice a month for thalassaemia and inherited anaemias (6-10/clinic). An evening clinic for young persons aged 16-24y is held twice a month. An outreach clinic is held in Blackburn 4 times a year. These clinics are staffed by the acute and community CNSs.. Pregnant women are seen in the joint haematology and obstetric clinic .

The Manchester Royal Infirmary has recently been successful in a bid for funding for a sickle cell pilot ED bypass project. The aim of the ED bypass unit is to provide streamlined care to persons with sickle cell disease who are having a vaso-occlusive crisis. It is part of a programme of work to improve healthcare services for persons with sickle cell disease being delivered by the National Healthcare Inequalities Improvement Programme. The aim of the work programme is ultimately to improve access, experience, outcomes and quality of life for persons with sickle cell disease.

Inpatients managed through the Sickle Cell Unit based on ward 10 at the MRI the ward is trained to manage sickle cell patients in crisis which has its own receiving unit, In and out of hours the patients are under the direct care of the Haemoglobinopathy team.

Haemoglobinopathy staff include 4 Consultants Dr Joseph Sharif, Dr Nandini Sadasivam, Dr Sara Elhag and Dr Stephen Boyd, 1 specialist registrar, 3 CNS and 3 adult community nurses from the Manchester sickle cell and thalassaemia centre (MSCTC) who support patients in the community: these nurses also deliver genetic counselling for the national screening programmes. There is also a social worker, psychologist, and data administrator. An MDT, attended by community and acute teams is held every Wednesday. There is also a weekly operational meeting of the acute clinical team.

The red cell laboratory offers a specialist service for the diagnosis of haemoglobin disorders including genetic testing for the NW region. The latter service is funded through specialist commissioning and includes pre-natal diagnosis. There is a weekly meeting with the red cell and DNA lab and paediatric team to review all positive cases. The haemoglobinopathy team also provide advice and support to the genomics MDT.

The haemoglobinopathy team will also be involved in the delivery of the new gene therapy treatments.

## **SECTION 4: JOB DESCRIPTION**

### **Key Duties and Responsibilities**

#### **MRI – 5 Programmed Activities**

##### **Key Duties and Responsibilities.**

- The appointee will work within the haemoglobinopathy service and participate in a 1:4 attending rota
- The appointee will participate in the on-call rota for haemoglobinopathy on a 1:4 basis
- The appointee will be expected to undertake both undergraduate and postgraduate teaching, both inside and outside the Trust.
- A suggested job plan is shown below

##### **General**

- The appointee will participate in administrative and management roles of the department in conjunction with other consultants.
- The consultant will be expected to provide consultant cross-cover for annual/study leave and short-term sickness for other consultants in the department on a rotational basis.

#### **NHSBT – 5 Programmed Activities**

- To lead and participate in NHSBT clinical research activities, including clinical trials and studies, and systematic reviews.
- To support and develop Therapeutic Apheresis Services provided by NHSBT and where appropriate other parts of the country.
- To provide support and cross cover for other NHSBT colleagues working in Therapeutic Apheresis Services.
- To undertake other medical functions within the Clinical Services Directorate as required in co-operation with consultant colleagues. Personal periods of study, holiday or sickness will be covered by mutual agreement between senior colleagues.
- To participate in teaching and training of medical and non-medical staff, and to contribute to the teaching programmes of Haematology Specialty Registrars preparing for the Part I and Part II of the FRCPATH examination, including visitors from overseas.
- To participate in the consultant appraisal programme, revalidation & job planning. This will be arranged so as to cover duties for the Trust as well as NHSBT and will be undertaken jointly with representatives from both organisations.
- To participate in & contribute to continuing professional development (CPD).
- To participate in internal / external training programmes.
- To undertake additional duties as requested by the Clinical Director.
- To ensure that staff for whom they are responsible receive adequate training and are fully aware of how the principles of health and safety and good manufacturing practice (GMP) apply to their duties and of the need to achieve the quality requirements as specified in current guidelines.
- Study leave and training will be subject to the NHSBT / Manchester University NHS Foundation Trust Medical Staff Study and Professional Leave Policy. NHSBT gives high priority to CPD, and the appointee is expected to participate

fully in the RCPATH scheme. This will include a programme of learning designed to develop and maintain core knowledge of transfusion medicine as defined at the time within NHSBT. The appointee will currently be entitled to up to 30 days of study leave in a rolling period of three years and up to £900 per year in a rolling three-year period.

- The appointee will be expected to share with Consultant colleagues in the medical contribution to management.
- The appointee will be required to work within the financial and other constraints decided upon by NHSBT and MFT. Budgeting responsibilities will be undertaken where agreed. Additional expenditure will not be committed without the approval of the appropriate manager/budget holder.
- Junior Medical Staff will be appropriately involved in the work of the appointee in both NHSBT and MFT. Regional Specialty Registrars in Haematology rotate through all haematology specialities as part of their training.
- The duties of this post will be subject to regular review through the agreed job planning process.

### **MAIN CONDITIONS OF SERVICE**

- The post is subject to the national Terms and Conditions – Consultants (England) 2003, and relevant General Whitley Council Conditions of Service as amended from time to time.
- The salary is on the consultant scale as set out in the Terms and Conditions – Consultants (England) 2003.
- Removal expenses, where appropriate, will be paid to the appointee in accordance with NHSBT policy.
- The successful applicant will be required to reside within a reasonable distance/travelling time from Manchester Royal Infirmary
- Any offer of employment is subject to satisfactory health clearance and, where appropriate, other conditions e.g. Right to Work, Disclosure and Barring Service (DBS) check etc.
- Because of the nature of the work, the post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. You are therefore not entitled to withhold information about convictions, which for other purposes are “spent” under the provisions of the Act, and, any failure to disclose such convictions could result in disciplinary action by the Authority. Any information given will be kept in strict confidence, and used only in relation to the position to which the order applies.
- NHSBT complies with all relevant codes of practice and legislation in respect of consideration of any criminal record. In this respect a criminal record will be taken into account for recruitment purposes, only when the conviction is relevant. Having a criminal record will not necessarily bar an ex-offender from employment with the organisation; this will depend on the nature of the position and the background to the offence. If the role you are applying for requires a Disclosure and Barring Service check to be obtained this will have been indicated in the advertisement. Full details of how this will be obtained will be given to you at the relevant stage of the recruitment process. Further information is available on the internet at <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/>. This together with the NHSBT policy on the Recruitment of Ex-offenders are also available on request from the Recruitment Department.

- The successful candidate must hold full and specialist registration with a licence to practise with the GMC (or be eligible for registration within six months of interview).
- The successful candidate must be a Holder of Certificate of Completion of Training (CCT), or within six months of award of CCT or equivalent by date of interview.
- Staff are required to abide by the professional code of conduct relevant to their governing body.
- The post holder will be required to take part in the NHSBT Consultant appraisal programme and participate fully in the processes for revalidation.
- The successful candidate is not required to subscribe to a recognised professional defence organisation to fulfil their contractual obligations, but should ensure that they have adequate defence cover as appropriate, for example, for private and Category 2 work, and for GMC disciplinary proceedings.
- Any applicant who is unable, for personal reasons, to work full-time will be eligible for consideration for the post; if such a person is appointed, modification of the job content will be discussed on a personal basis with the Manchester Royal infirmary clinical service lead and NHSBT Medical Director.
- The post-holder must be willing to travel within the UK and internationally to fulfil organisational needs.
- Good Medical Practice: both organisations are committed to providing safe and effective care for patients. The postholder is expected to carry out their duties and responsibilities in line with Good Medical Practice.
- The appointee will be expected to share the responsibility with the other consultants in contributing to the management clinical work within the employing organisations structures. The appointee will Act as custodian of data under the Data Protection Act and custodian of stored samples. Service and administrative duties on various committees, which may include the following:
  - Ensure all communication, which may be complex, contentious or sensitive, is undertaken in a responsive and inclusive manner, focusing on improvement and ways to move forward.
  - Ensure all communication is presented appropriately to the different recipients, according to levels of understanding, type of communication being imparted and possible barriers such as language, culture, understanding or physical or mental health conditions.
- Information relating to patients, employees and business of the employing bodies must be treated in the strictest confidence. Under no circumstances should such information be discussed with any unauthorised person(s) or organisations. All staff must operate within the requirements of the Whistleblowing Policy (Freedom of Speech policy).
- The appointee will be required to work within the financial and other constraints decided upon by NHSBT / Manchester Royal Infirmary budgeting responsibilities will be undertaken where agreed. Additional expenditure will not be committed without the approval of the appropriate manager / budget holder.
- Subject to the Terms and Conditions of Service there will be an expectation to observe policies and procedures of NHSBT and Manchester Royal Infirmary These will be drawn up in consultation with the profession where they involve clinical matters. It is the responsibility of staff to be familiar with the employing bodies policies that affect them, and work within the scope set out in them. Any queries should be raised via the line manager. Managers are responsible for

ensuring staff know of, and work within the employing body's policies, procedures and protocols.

- An office (NHSBT is increasingly using "agile working" in an open plan area), relevant IT/Internet equipment and shared secretarial support will be provided at both sites (to a total of approximately 0.5WTE).
- All medical staff are required to undertake the employing bodies inductions as soon as possible after commencing work. They are also expected to have a local induction to their place of work which will be undertaken by their line manager or nominated person and a record kept in accordance with organisational policy.
- Members of staff should be skilled in IT to the required level for the job. The employing bodies reserve the right for these skills to be developed appropriately.
- The duties of this post will be regularly reviewed as part of the routine job planning process. Changes to the duties may be made with the agreement of the postholder and their employers.
- The employing bodies are committed to the principle that no member of staff should work, on average, more than 48 hours per week. Any member of staff who undertakes work outside the employing body, regardless of whether they exceed 48 hours or not, must inform their manager of this in writing.
- The postholder must take reasonable care of their own health and safety and any other personnel who may be affected by their omission. Organisational policies must be followed at all times.
- Controls Assurance is an `over-arching` policy providing a framework of control covering a whole range of other NHS policies enshrined in the 18 Controls Assurance standards. Through self -assessment and external and internal audit, Trusts are expected to monitor their progress against these Standards. Risk management is the core standard. Staff responsibilities will be outlined in the Risk Management Strategy.

<http://www.publications.parliament.uk/pa/cm199900/cmselect/cmpublic/173/0011702.htm>

## SECTION 5 : JOB PLAN

The postholder will typically undertake 8 DCCs (Direct Clinical Care sessions) and 2 SPAs (Supported Programmed Activities). In common with all posts within the Trust and NHSBT the Consultants will be expected to agree job plans with the Medical Director (NHSBT), Clinical Service Lead for Haematology and the Medical Director of the Trust which will be reviewed annually.

### NHSBT 5PAs

Work is generally flexible with the post holder able to organise and alter when activities are performed around trust duties. The DCC component will include cover of the red cell exchange activity in the Region and surrounding NHSBT regions to include acceptance of patient referrals and generation of treatment plans, advising nursing team in relation to issues before and during procedures and regular review meetings to optimise therapy.

### Manchester Royal Infirmary 5PAs

#### 1:4 weeks of ward attending cover (3PAs)

- Daily ward rounds
- Hot clinics
- Advice and guidance calls
- Board Rounds

#### 1:4 weeks of on-call cover (1PA)

- Ward round 9am-1pm Saturday and Sunday on site
- Unpredictable emergency on-call work (category A)
- 1.5 days in lieu will be given on the week following the on-call week

### Activity Summary

| ACTIVITY CLASSIFICATION                                                 |                                                                               | JOB PLAN: 10 PAs x 4 hrs = 40 HRS |              |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|--------------|
|                                                                         |                                                                               | No. of PA's                       | No. of Hours |
| <b>DIRECT CLINICAL CARE</b><br><i>(including unpredictable On-Call)</i> |                                                                               | 4 MRI                             | 16           |
|                                                                         |                                                                               | 4 NHSBT                           | 16           |
| <b>SUPPORTING PROFESSIONAL ACTIVITIES</b>                               | <b>Under/postgraduate Teaching:</b>                                           | 0.25 NHSBT / 0.25 MRI             | 1+1          |
|                                                                         | <b>Research/Audit</b>                                                         | 0.25 NHSBT / 0.25 MRI             | 1+1          |
|                                                                         | <b>Essential core SPA (job planning, governance meetings, appraisal etc.)</b> | 0.5 NHSBT / 0.5 MRI               | 2 + 2        |
|                                                                         | <b>SUB-TOTAL:</b>                                                             | 1.0 MRI/ 1.0 NHSBT                | 4+4          |
| <b>TOTALS</b>                                                           |                                                                               | <b>10</b>                         | <b>40</b>    |

## ON CALL COMMITMENT

The On-Call commitment is for a 1:4 rota with MRI, which is classed as category A. There is a commitment to undertake routine job planned work on Saturdays or Sundays as part of the total job planned PAs

### On-Call Supplements

|                            | Trust |
|----------------------------|-------|
| <b>Agreed On-Call Rota</b> | 1:4   |
| <b>Agreed Category</b>     | A     |
| <b>On-Call Supplement</b>  | 8%    |

## SECTION 6 : PERSON SPECIFICATION

Our Core **Purpose** is to demonstrate our values every step of the way, to save and improve more lives than ever.

Our Core **Values** are: **Caring** about our donors, their families, our staff and the patients we serve; Being **Expert** in meeting the needs of our external and internal customers and partners; Providing **Quality** products, services and experiences for donors, staff and patients.

| REQUIREMENTS               | ESSENTIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DESIRABLE                                                               |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Qualifications</b>      | <ul style="list-style-type: none"> <li>• Full and specialist registration and a licence to practise with the General Medical Council (GMC) (or eligible for registration within six months of interview)</li> <li>• Holder of Certificate of Completion of Training (CCT), or within six months of award of CCT or equivalent by date of interview.</li> <li>• Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT</li> <li>• FRCPATH or equivalent.</li> <li>• MRCP or equivalent.</li> </ul> | <ul style="list-style-type: none"> <li>• Postgraduate thesis</li> </ul> |
| <b>Clinical Experience</b> | <ul style="list-style-type: none"> <li>• Demonstrates clear interest and commitment to haemoglobinopathies .</li> <li>• Recent experience of hospital based clinical and laboratory practice in red cell exchange.</li> <li>• Ability to offer expert opinion on therapeutic red cell exchange and plasma exchange.</li> </ul>                                                                                                                                                                                                                | Clinical audit in the field of therapeutic apheresis.                   |

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                 |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Management and Administrative Experience</b> | <ul style="list-style-type: none"> <li>• Experience of managing and leading clinical teams.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• Experience of budget management</li> <li>• Proven experience of change management</li> </ul>                                                                                           |
| <b>Teaching Experience</b>                      | <ul style="list-style-type: none"> <li>• Ability to teach all grades of clinical staff, including those in training.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Experience of teaching basic clinical skills to undergraduates</li> <li>• Experience of supervising medical trainees</li> <li>• Ability to supervise the research of others</li> </ul> |
| <b>Research Experience</b>                      | <ul style="list-style-type: none"> <li>• Publications/ presentations in national/ international meetings in fields relevant to this post.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>• Clinical trial and/or research experience</li> </ul>                                                                                                                                   |
| <b>Personal Attributes</b>                      | <ul style="list-style-type: none"> <li>• Able to work with/influence senior colleagues across a range of specialties.</li> <li>• Effective interpersonal, motivational and influencing skills</li> <li>• Ability to communicate effectively with colleagues, patients and their relatives</li> <li>• Able to work against a background of change and uncertainty</li> <li>• Able to demonstrate personal credibility</li> <li>• Self-motivated, pro-active and innovative</li> <li>• Commitment to team-working, and respect and consideration for the skills of others</li> <li>• Commitment to Continuing Medical Education and the requirements of Clinical Governance and Audit</li> <li>• Willingness to undertake additional professional responsibilities at local, regional or national levels</li> </ul> | <ul style="list-style-type: none"> <li>• Proven leadership experience</li> </ul>                                                                                                                                                |
| <b>Other</b>                                    | <ul style="list-style-type: none"> <li>• Mobility: able to efficiently undertake the travel requirements of the post.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                 |

## SECTION 7: FURTHER INFORMATION

Further details may be obtained from: Dr James Griffin Medical Director for Cell, Apheresis & Gene Therapies NHSBT [james.griffin@nhsbt.nhs.uk](mailto:james.griffin@nhsbt.nhs.uk) Tel: 07823351726

Dr Fiona Dignan, Clinical Lead for Haematology Manchester Royal Infirmary 0161 2765052

### **Visiting Arrangements**

Applicants or prospective applicants are encouraged to visit NHSBT and Manchester Royal Infirmary to meet prospective colleagues. Arrangements for visiting may be made through Dr Dignan / Dr Griffin.

### **APPOINTMENT PROCEDURE**

The appointment will be made by NHSBT on the recommendation of an Advisory Appointment Committee constituted in accordance with the terms of the National Health Service (Appointment of Consultant) Regulations Statutory Instrument 1996 No. 701.

### **Travel and Subsistence Allowance**

Travel and subsistence expenses will be reimbursed by NHSBT for preliminary visits, in addition to interview expenses, only to those candidates selected for interview. Reimbursement is restricted to two preliminary visits, whether these are made before or after the constitution of the short-list is known. In the case of candidates travelling from abroad, travelling expenses are normally payable only at the point of entry to the UK.

### **Equal Opportunities**

Both organisations are committed to the development of positive policies and practices to promote equal opportunity and will take all possible steps towards eliminating discrimination and promoting good employee relations and equality of opportunities generally.

### **UK Visas and Immigration**

Applicants should be aware that regardless of country of origin, their ability to communicate in written and spoken English to the standard required to carry out the post will be assessed during the selection process.

[www.ukba.homeoffice.gov.uk/visas-immigration/working/](http://www.ukba.homeoffice.gov.uk/visas-immigration/working/)

Applications from job seekers who require Tier 2 sponsorship to work in the UK are welcome and will be considered alongside all other applications.

[www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/](http://www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/)

### **Privacy & Dignity & Respect and Equality of Opportunity**

Both organisations are committed to ensuring that all current and potential staff, patients and visitors are treated with dignity, fairness and respect regardless of gender, race, disability, sexual orientation, age, marital or civil partnership status, religion or belief or employment status. Staff will be supported to challenge discriminatory behaviour.

### **Major Incident or Civil Unrest**

In the event of a major incident or civil unrest all employees will be expected to report for duty on notification. All employees are also expected to play an active part in training for and preparation for a major incident or civil unrest